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## MILWAUKEE COUNTY EMS PRACTICAL SKILL LABOR/DELIVERY VERTEX PRESENTATION

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Purpose:	Indications:
To monitor and assist in the obstetrical delivery of an infant	Patients in labor with imminent delivery and
in the vertex position	infant in the vertex position

Evaluate progress of labor to determine if delivery in the field is imminent; if not, begin transport

Begin transport regardless of progress of labor for women whose history and/or physical assessment indicate potential complications (vaginal bleeding, abnormal vital signs, etc.)

Position patient supine with legs flexed, protecting patient's privacy as much as possible

Place absorbent material under patient's buttocks

Begin transport if mother shows signs of: hypertension, hypotension, tachycardia > 120/min, decrease in intensity or frequency of contractions, contractions lasting longer than 70 seconds, vaginal bleeding

Open obstetrical kit, maintaining sterility; start IV; run at keep-open rate unless volume replacement is indicated

Observe color/content of amniotic fluid; anticipate airway problems in newborn if meconium staining is present

Maintain gentle pressure against emerging fetal head to prevent explosive delivery

Clean infant's face and suction mough and nose when head is delivered

If cord is looped around infants neck: a. loosen cord and slip over newborn's head; or b. if cord cannot be loosened, place two clamps on the cord and cut between the clamps

Gently guide infant's head downward to deliver top shoulder, then upward to deliver bottom shoulder, maintaining secure grip on infant as body is delivered

Complete newborn assessment and care, recording time of birth and sex of infant; evaluate newborn using APGAR score at one and five minutes after birth

When cord stops pulsating, place 2 clamps at least 10 inches from infant's abdomen on cord; cut between clamps, using sterile technique

Dry infant's skin; wrap in warm, dry blankets; cover head, leaving face exposed

Massage maternal abdomen to facilitate contraction of uterus and separation of placenta; do not pull on cord to deliver placenta; when gush of blood indicates separation, instruct mother to "push"

Place placenta in container and bring with mother and infant to hospital

Transport mother and infant together, continuously monitoring both